

# Wisconsin Department of Safety and Professional Services

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## COSMETOLOGY EXAMINING BOARD

### CERTIFICATION

**TO BE COMPLETED BY EACH STATE IN WHICH YOU HOLD A LICENSE (OTHER THAN WISCONSIN). THIS FORM MUST BE SENT DIRECTLY TO OUR OFFICE AND WILL NOT BE ACCEPTED UNLESS RECEIVED BY LICENSING AGENCY.**

We hereby certify that the following is a correct and true statement of the records of the State of \_\_\_\_\_ for the person named herein.

NAME OF APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(No. & Street, City, State, Zip Code)

LICENSED BY: ☐ EXEMPTION ☐ RECIPROCITY ☐ EXAMINATION

<u>LICENSE(S) HELD</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES OR EXPIRED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any license held by the person named herein ever been revoked, suspended, limited, cancelled or otherwise disciplined? ☐ Yes ☐ No IF YES, PROVIDE DETAILS ON REVERSE SIDE.

We further certify that the above named person has always had a good record as a barber or cosmetologist in the State of \_\_\_\_\_ as far as our records show.

SIGNATURE: \_\_\_\_\_

SEAL

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_